

# Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

## 1. Committee Information

|  |                        |
|--|------------------------|
| <b>a. Full Name</b>  | <b>c. ID Number</b>    |
| Committee to Elect Barbara Beatty for Commissioner           | 4DUGGK                 |
| <b>b. Mailing Address (include City, State and Zip Code)</b> | <b>d. Date Filed</b>   |
| 2990 Balls Creek Rd<br>Newton, NC 28658                      | 04/30/2012             |
|  | <b>e. Phone Number</b> |
|  | 828-320-0370           |

|                       |  |                                      |                               |
|-----------------------|--|--------------------------------------|-------------------------------|
| <b>2. Report Year</b> | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b> | <b>5. Treasurer Full Name</b> |
| 2012                  | 01/01/2012                             | 04/21/2012                           | Barbara Beatty                |

|   |   |
|---|---|
| <b>6. Type of Committee (Check One)</b>   | <b>9. Type of Report (check only one type of report from one category)</b>  |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Legal Expense Fund | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                           |
| <b>7. Type of Fund (if applicable, check one)</b>   | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><br><input type="checkbox"/> Other:  | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special   |
| <b>8. Number of Fundraisers this Report</b>   | <b>10. Special Report Name</b>  |
| None  |   |

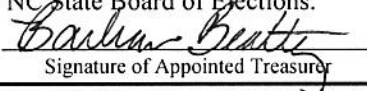
|   |   |
|---|---|
| <b>11. Account Information</b>            | <b>11. Account Information</b>            |
| <b>a. Financial Institution Full Name</b> | <b>a. Financial Institution Full Name</b> |
| Peoples Bank                              |   |
| <b>b. Purpose</b>                         | <b>b. Purpose</b>                         |
| Campaign Account                          |   |
| <b>c. Account Code</b>                    | <b>c. Account Code</b>                    |
| BGB                                       |   |
| <b>d. Period Begin Balance</b>            | <b>d. Period Begin Balance</b>            |
| \$ 4,697.34                               | \$  |

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Barbara Beatty

Printed Name of Signer



Signature of Appointed Treasurer

04/30/2012

Date

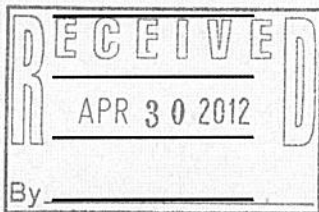
## FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee:

Employee:

Employee:

Employee:

### Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically Filed  
☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

|                          |     |                                     |    |
|--------------------------|-----|-------------------------------------|----|
| Amendment                |     |                                     |    |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Use this form to summarize all disclosure reporting forms and to total monetary information.

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| Committee to Elect Barbara Beatty for Commissioner Plus                      |  | 2012 1 <sup>st</sup> Quarter       |  | 4DUGGK                           |  |
| <b>Start of Election Cycle:</b>  |  | <b>January 1,</b>                  |  | <b>2012</b>                      |  |
|  |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start   |  | \$ 4,697.34                        |  | \$                               |  |
| <b>RECEIPTS</b>  |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                                 |  | \$                               |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 4,295.00                        |  | \$ 9,596.33                      |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                                 |  | \$                               |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 100.00                          |  | \$ 100.00                        |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$                                 |  | \$                               |  |
| 10) Refunds/Reimbursements To the Committee (CRO-1240)                       |  | \$                                 |  | \$                               |  |
| 11) Other Receipt Sources  |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250)              |  | \$                                 |  | \$                               |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| 11d) Legal Expense Fund – Other Sources (CRO-1270)                           |  | \$                                 |  | \$                               |  |
| 11 e) Exempt Purchase Price Sales (CRO-1265)                                 |  | \$                                 |  | \$                               |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 4,395.00                        |  | \$ 9,696.33                      |  |
| <b>EXPENDITURES</b>  |  |                                    |  |                                  |  |
| 13) Disbursements  |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 6,796.22                        |  | \$ 6,917.55                      |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                                 |  | \$                               |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                                 |  | \$                               |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$                                 |  | \$                               |  |
| 15) Loan Repayments (CRO-1420)   |  | \$                                 |  | \$                               |  |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                     |  | \$                                 |  | \$ 291.33                        |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$ 295.00                          |  | \$ 486.33                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 7,091.22                        |  | \$ 7,695.21                      |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 2,001.12                        |  | \$ 2,001.12                      |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$                                 |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$                                 |  |                                  |  |
| 22) Debts and Obligations owed By the Committee (CRO-1610)                   |  | \$                                 |  |                                  |  |
| 23) Debts and Obligations owed To the Committee (CRO-1620)                   |  | \$                                 |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$                                 |  |                                  |  |
| 25) Administrative Support (CRO-1710)  |  | \$                                 |  | \$                               |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$                                 |  | \$                               |  |
| 27) 48-Hour Notice Reports Sum (CRO-2200)                                    |  | \$                                 |  | \$                               |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$                                 |  | \$                               |  |

# Contributions from Individuals

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Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Clarence Hood<br>2690 Sigmon Dairy Rd<br>PO Box 561<br>Newton, NC 28658                                  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Professor Clemson Univ                   |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 01/05/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Michael A Johnson<br>4220 4 <sup>th</sup> St Ln NW<br>Hickory, NC 28601<br>325-9688                      |                        |                           | Self-Employed<br>Auto Dealer             |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Hickory Toyota                           |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 01/09/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Eloise Bradshaw<br>629 2 <sup>nd</sup> Ave NW<br>Hickory, NC 28601<br>704-327-9122                       |                        |                           | Attorney                                 |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Patrick, Harper & Dixon                  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 01/10/2012                  |                                | \$ 50.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 250.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |

# Contributions from Individuals

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Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Thomas W. Warlick<br>PO Box 267<br>Newton, NC 28658  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Attorney                                 |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 01/20/2012                  |                                | \$ 50.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Louis S. Wetmore<br>PO Box 2262<br>Hickory, NC 28603<br>828-324-8800                                     |                        |                           | Self-Employed                            |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Financial Advisor/<br>Court Mediator     |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/03/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Doris Fish<br>1004 East 23 <sup>rd</sup> St<br>Newton, NC 28658<br>828-465-0943                          |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | CCM                                      |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 02/03/2012                  |                                | \$ 50.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 200.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |



# Contributions from Individuals

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Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |  |                               |                                |                  |
|--|------------------------|--|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |  |                               | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |  |                               | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |  |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Rita Busbee<br>PO Box 512<br>Claremont, NC 28610<br>828-459-7778   |                        | Retired                                  |                               |                                |                  |
|  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|  |                        | Education                                |                               | <b>e. Election Sum to Date</b> |                  |
|  |                        |  |                               | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>    | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                                    |                               | 01/28/2012                     | \$ 100.00        |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |  |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Julia Marino<br>1382 Langdon Rd<br>Sherrills Ford, NC 28673<br>828-478-2507                              |                        | Retired                                  |                               |                                |                  |
|  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|  |                        | Social Worker                            |                               | <b>e. Election Sum to Date</b> |                  |
|  |                        |  |                               | \$ 250.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>    | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                                    |                               | 02/19/2012                     | \$ 250.00        |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |  |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Eben C. Pyle<br>5355 Battle Run Dr<br>Catawba, NC 28609<br>828-241-4272                                  |                        | Owner                                    |                               |                                |                  |
|  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|  |                        | Marina                                   |                               | <b>e. Election Sum to Date</b> |                  |
|  |                        |  |                               | \$ 200.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>    | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                                    |                               | 02/21/2012                     | \$ 200.00        |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <input type="checkbox"/>   |                        |  |                               |                                | \$               |
| <b>4. Total only this Page</b>   |                        |  |                               | \$ 550.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |  |                               | \$ 4,295.00                    |                  |

# Contributions from Individuals

Pg 4 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Dr. Alan Forshey<br>5624 37 <sup>th</sup> St Dr NE<br>Hickory, NC 28601<br>828-266-7135                  |                        |                           | Doctor                                   |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Newton Family Physicians                 |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 50.00                       |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 02/29/2012                  | \$ 50.00                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Jerry Phillips<br>1327 10 <sup>th</sup> St Dr NW<br>Hickory, NC 28601<br>828-261-0200                    |                        |                           | Retired                                  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Investor                                 |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/02/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Rita Neill<br>3415 Airport Rd<br>Maiden, NC 28650<br>828-465-5820  |                        |                           | Administration                           |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Neill Grading                            |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 250.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/21/2012                  | \$ 250.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |  |

# Contributions from Individuals

Pg 5 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Nancy Jo Teague<br>2551 Buffalo Shoals Rd<br>Catawba, NC 28609<br>828-464-7714                           |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Education                                |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 25.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/21/2012                  |                                | \$ 25.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Joyce Boston<br>1148 Fox Chase Dr<br>Newton, NC 28658  |                        |                           | Owner/Manager                            |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Countryside Pet Hospital                 |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 150.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/23/2012                  |                                | \$ 150.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Monroe Pannell<br>2013 Conover Blvd East<br>Conover, NC 28613  |                        |                           | Attorney                                 |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Martin, Monroe, Pannell Attny            |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/23/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 275.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |

# Contributions from Individuals

Pg 6 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| David Boone<br>401 5 <sup>th</sup> St PI NE<br>Conover, NC 28613<br>828-326-3000                         |                        |                           | CFO                                      |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | CVMC                                     |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/24/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Billy Price<br>540 11 <sup>th</sup> Av PI NW<br>Hickory, NC 28601  |                        |                           | Physician                                |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | CVIM                                     |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/25/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| George Moretz<br>1779 8 <sup>th</sup> St Dr NW<br>Hickory, NC 28601<br>828-324-1386                      |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | CEO Carolina Mills                       |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 150.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/24/2012                  |                                | \$ 150.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 350.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |



# Contributions from Individuals

Pg 7 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Joyce Beatty<br>3738 Pleasant Lane<br>Sherrills Ford, NC 28673<br>828-478-9576                           |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Education                                |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/29/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Dianne Huffman<br>2424 Providence Mill Road<br>Maiden, NC 28650  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Education                                |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/29/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| L David Huffman<br>1112 Sprucewood Lane<br>Newton, NC 28658  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Law Enforcement                          |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/29/2012                  |                                | \$ 50.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 250.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |

# Contributions from Individuals

Pg 8 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Hazel B. Murray<br>1151 Cline Yoder Rd<br>Hickory, NC 28602<br>828-294-2070                              |                        |                           | Cosmotologist                            |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Self-Employed                            |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$ 50.00                    |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/29/2012                  | \$ 50.00                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Ronald Lindler<br>3290 Stonestrow Dr.<br>Newton, NC 28658<br>828-381-2058                                |                        |                           | Executive                                |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | BB&T                                     |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$ 100.00                   |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/27/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Pamela B. Simmons<br>5371 Limestone Dr.<br>Catawba, NC 28609<br>828-241-2471                             |                        |                           | Project Director                         |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Duke Energy                              |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$ 100.00                   |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/31/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 250.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |  |

# Contributions from Individuals

Pg 9 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Dr. Richard K Davis, Jr.<br>2532 Birdie Lane<br>Conover, NC 28613  |                        |                           | Chiropractor                             |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Conover Chiropractic                     |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/30/2012                  |                                | \$ 50.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Clifford D. Isaac<br>PO Box 626<br>Conover, NC 28613   |                        |                           | Engineer                                 |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Isaac Construction                       |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 25.00                       |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/31/2012                  |                                | \$ 25.00         |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Dean Proctor<br>605 2nc Ave NW<br>Hickory, NC 28601  |                        |                           | UP                                       |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | United Beverage of NC                    |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 250.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/02/2012                  |                                | \$ 250.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 325.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,000.00                    |                  |

# Contributions from Individuals

Pg 10 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Beth Lee<br>1158 Buffalo Shoals Road<br>Catawba, NC 28609<br>828-241-4091                                |                        |                           | Teacher Sub                              |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Catawba County Schools                   |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/01/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Anne S. Hall<br>808 3 <sup>rd</sup> St NE<br>Conover, NC 28613   |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Medical                                  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/05/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Jerrold R. Hinton<br>3768 Sarazen Ct NE<br>Conover, NC 28613<br>828-381-4366                             |                        |                           | Owner                                    |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Hinton Consulting                        |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 250.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/05/2012                  |                                | \$ 250.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 450.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |



# Contributions from Individuals

Pg 11 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |                  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Thomas E. Goodin III<br>602 5 <sup>th</sup> Ave NE<br>Conover, NC 28613                                  |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Medical                                  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/06/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Chris Reese<br>2726 Charleston Ct<br>Claremont, NC 28610<br>828-459-0427                                 |                        |                           | Self-Employed                            |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Dentist                                  |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/09/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Charles Snipes<br>1690 2 <sup>nd</sup> St NW<br>Hickory, NC 28601<br>828-328-8241                        |                        |                           | Retired                                  |                             |                                |                  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|  |                        |                           | Banker                                   |                             |                                |                  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|  |                        |                           |  |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 04/13/2012                  |                                | \$ 100.00        |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>   |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 300.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |                  |

# Contributions from Individuals

Pg 12 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable)   |                 |                    |                                   |                      | 2. ID Number            |           |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|-----------|
| Committee to Elect Barbara Beatty for Commissioner  |                 |                    |                                   |                      | 4DUGGK                  |           |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |           |
| Jeffrey T. Mackie<br>2203 5 <sup>th</sup> Ave NW<br>Hickory, NC 28601<br>828-324-5956             |                 |                    | Self-Employed                     |                      |                         |           |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |           |
|   |                 |                    | Attorney                          |                      |                         |           |
|   |                 |                    |                                   |                      | e. Election Sum to Date |           |
|   |                 |                    |                                   |                      | \$ 50.00                |           |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) |                         | k. Amount |
| <input type="checkbox"/>  | BGB             | Check              |                                   | 04/18/2012           |                         | \$ 50.00  |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |           |
| Karen Ester<br>PO Box 432<br>Catawba, NC 28609<br>828-241-3902                                    |                 |                    | Self-Employed                     |                      |                         |           |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |           |
|   |                 |                    | Abernathy Tax Service             |                      |                         |           |
|   |                 |                    |                                   |                      | e. Election Sum to Date |           |
|   |                 |                    |                                   |                      | \$ 50.00                |           |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) |                         | k. Amount |
| <input type="checkbox"/>  | BGB             | Check              |                                   | 04/14/2012           |                         | \$ 50.00  |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |           |
| Julia G. Marino<br>1382 Langdon Rd<br>Sherrills Ford, NC 28673                                    |                 |                    | Retired                           |                      |                         |           |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |           |
|   |                 |                    | Social Worker                     |                      |                         |           |
|   |                 |                    |                                   |                      | e. Election Sum to Date |           |
|   |                 |                    |                                   |                      | \$ 450.00               |           |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) |                         | k. Amount |
| <input type="checkbox"/>  | BGB             | Check              |                                   | 03/28/2012           |                         | \$ 200.00 |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| <input type="checkbox"/>  |                 |                    |                                   |                      |                         | \$        |
| 4. Total only this Page   |                 |                    |                                   |                      | \$ 300.00               |           |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                                   |                      | \$ 4,295.00             |           |

# Contributions from Individuals

Pg 13 of 13

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                        |                           |  |                             | 4DUGGK                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Kay Schmucker<br>2075 2 <sup>nd</sup> St Dr NW<br>Hickory, NC 28601<br>828-324-8780                      |                        |                           | Realtor                                  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Self-Employed                            |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$ 150.00                   |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    | Check                     |  | 03/29/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Scott Gilleland<br>201 East 8 <sup>th</sup> St<br>Newton, NC 28658<br>828-461-2180                       |                        |                           | Owner                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Untouchables                             |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$ 295.00                   |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | BGB                    |                           | Food for Rcptn                           | 03/29/2012                  | \$ 295.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
|  |                        |                           |  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  | \$                          |                                |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 395.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,295.00                    |  |

# Contributions from Other Political Committees

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

|   |                           |  |                             |                                |  |
|---|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner  |                           |  |                             | 4DUGGK                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                      |                           | <b>b. Type of Committee</b>  |                             | <b>d. Comments</b>             |  |
| Citizens to Elect James C Gaither NC<br>District Attorney<br>1081 Zion Church Rd<br>Hickory, NC 28602<br>828-294-0645 |                           | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                             |                                |  |
|   |                           | <input type="checkbox"/> Referendum  |                             |                                |  |
|   |                           | <b>c. Level Registered (Specify)</b>   |                             |                                |  |
|   |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:                |                             | <b>e. Election Sum to Date</b> |  |
|   |                           | <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 100.00                      |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               |  |
| BGB   | Check                     |  | 04/03/2012                  | \$ 100.00                      |  |
|   |                           |  |                             | \$                             |  |
|   |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                      |                           | <b>b. Type of Committee</b>  |                             | <b>d. Comments</b>             |  |
|   |                           | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC                  |                             |                                |  |
|   |                           | <input type="checkbox"/> Referendum  |                             |                                |  |
|   |                           | <b>c. Level Registered (Specify)</b>   |                             |                                |  |
|   |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:                |                             | <b>e. Election Sum to Date</b> |  |
|   |                           | <input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | \$                             |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               |  |
|   |                           |  |                             | \$                             |  |
|   |                           |  |                             | \$                             |  |
|   |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                      |                           | <b>b. Type of Committee</b>  |                             | <b>d. Comments</b>             |  |
|   |                           | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC                  |                             |                                |  |
|   |                           | <input type="checkbox"/> Referendum  |                             |                                |  |
|   |                           | <b>c. Level Registered (Specify)</b>   |                             |                                |  |
|   |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:                |                             | <b>e. Election Sum to Date</b> |  |
|   |                           | <input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | \$                             |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               |  |
|   |                           |  |                             | \$                             |  |
|   |                           |  |                             | \$                             |  |
|   |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                           |  |                             | \$ 100.00                      |  |
| <b>5. Total of ALL CRO-1230 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100)              |                           |  |                             | \$ 100.00                      |  |



# Disbursements

Pg 1 of 15

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Newton Post Office<br>218 S Main Ave<br>Newton, NC 28658<br>828-464-4031   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 44.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | I                      | 01/13/2012   | \$44.00          | Postage                        |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Vick's Custom Screen Printing<br>307 Dusty Road<br>Taylorsville NC 28681<br>828-632-8695   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 1,219.80                    |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | B                      | 01/15/2012   | \$1,219.80       | Signs and Stickers             |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Peoples Bank<br>P.O. Box 467<br>Newton NC 28658<br>828-466-1765  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 17.90                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Draft                     | H                      | 12/14/2012   | \$17.90          | Checks                         |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 1,281.70                    |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# Disbursements

Pg 2 of 15

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Thomas Photography<br>557 10 <sup>th</sup> Ave Dr SE<br>Hickory NC 28602<br>828-327-0972   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 55.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | A                      | 01/13/2012   | \$55.00              | Photos for Ads                 |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| O.N.E.<br>P.O. Drawer 48<br>Newton NC 28658  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 140.00                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | A                      | 01/27/2012   | \$140.00             | Newspaper Ad                   |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Sams Club<br>2435 Hwy 70 E<br>828-326-8699   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 16.78                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | A                      | 01/27/2012   | \$16.78              | CD's for Photos                |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 211.78                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |

# Disbursements

Pg 3 of 15

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                    |                 |  |                      |                         |                                     |
|--|--------------------|-----------------|--|----------------------|-------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                    |                 |  |                      | <b>2. ID Number</b>     |                                     |
| Committee to Elect Barbara Beatty for Commissioner   |                    |                 |  |                      | 4DUGGK                  |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                    |                 |  |                      |                         |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |  |                      |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
| US Post Office- Conover<br>201 1 <sup>st</sup> St E<br>Conover, NC 28613<br>828-464-2073   |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                         |                                     |
|  |                    |                 |  |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$ 90.00                |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
| BGB  | Check              | I               | 01/27/2012   | \$90.00              | Postage                 |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
| Verizon<br>US 70 Hwy SE<br>Hickory, NC 28602<br>828-322-3339   |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                         |                                     |
|  |                    |                 |  |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$ 271.03               |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
| BGB  | Check              | K               | 01/29/2012   | \$271.03             | Telephone               |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
| The Claremont Courier<br>3283 White Oak Court<br>Claremont, NC 28610   |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                         |                                     |
|  |                    |                 |  |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$ 125.00               |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
| BGB  | Check              | A               | 01/30/2012   | \$125.00             | Advertising             |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>5. Total only this Page</b>   |                    |                 |  |                      | \$ 486.03               |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                    |                 |  |                      |                         |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                    |                 |  |                      |                         |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                    |                 |  |                      |                         |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                    |                 |  |                      | \$ 6,796.22             |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                    |                 |  |                      |                         |                                     |
| A* - Media   |                    | B* - Printing   |  | C* - Fundraising     |                         | D - To Another Candidate            |
| E - Salaries   |                    | F* - Equipment  |  | G - Political Party  |                         | H* - Holding Public Office Expenses |
| I - Postage  |                    | J - Penalties   |  | K* - Office Expenses |                         | Q* - Donation to Legal Expense Fund |
| O* - Other   |                    |                 |  |                      |                         |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |  |                      |                         |                                     |

# Disbursements

Pg 4 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Patricia Ross<br>2939 Balls Creek Rd<br>Newton NC 28658  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 100.00                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 02/12/2012   | \$100.00         | Sign Assembly                  |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Office Max<br>1718 Hwy 70 SE<br>Hickory, NC 28602  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 43.63                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Debit Card                | K                      | 02/23/2012   | \$43.63          | Name Badges                    |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| WHKY<br>PO Box 1069<br>Hickory NC 28603<br>828-322-1290  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 328.80                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | A                      | 02/28/2012   | \$328.80         | Radio Ad                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 472.43                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |



# Disbursements

Pg 5 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Catawba County Brd of Election<br>PO Box 132<br>Newton NC 28658<br>828-464-2424  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 90.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | H                      | 02/13/2012   | \$90.00          | Filing Fee                     |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Wallace Printing<br>PO Box 1238<br>Newton NC 28658<br>828-466-3300   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 206.51                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | B                      | 03/8/2012  | \$206.51         | Postcards                      |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Newton Kiwanis Club<br>PO Box 550<br>Newton NC 28658   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 8.00                        |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 03/13/2012   | \$8.00           | Donation                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 304.51                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# Disbursements

Pg 6 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Catawba Valley Pottery<br>PO Box 2583<br>Hickory NC 28603  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 40.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 03/15/2012   | \$40.00          | Donation                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| O.N.E.<br>PO Drawer 48<br>Newton NC 28658  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 334.00                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | A                      | 03/16/2012   | \$194.00         | Ad Newspaper                   |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Wal-Mart<br>2525 US Hwy 70 SE<br>Hickory NC 28602<br>828-326-7060  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 23.18                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | K                      | 03/17/2012   | \$23.18          | Envelopes / CD                 |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 257.18                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# Disbursements

Pg 7 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Catawba Co. Young Republicans<br>1351 Northern Dr NW<br>Conover, NC 28613<br>828-464-9006  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 25.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | G                      | 03/20/12   | \$25.00          |                                |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Sams Club<br>2435 US Hwy 70<br>Hickory NC 28602<br>828-326-8687  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 73.24                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | K                      | 03/26/12   | \$56.46          | Ink, CD                        |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Catawba Co. Republican<br>Womens Club<br>4225 2 <sup>nd</sup> St NE<br>Hickory, NC 28601<br>828-324-5201   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 30.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | G                      | 1/5/12   | \$15.00          |                                |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 96.46                       |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# Disbursements

Pg 8 of 15

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Newton Post Office<br>218 S Main Ave<br>Newton NC 28658<br>828-464-4031  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 89.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | I                      | 3/24/12  | \$45.00              | Stamps                         |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Wal-Mart<br>2525 US Hwy 70 SE<br>Hickory NC 28602<br>828-464-4441  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 71.57                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 03/29/2012   | \$48.39              | Flowers Reception              |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Office Max<br>1718 US Hwy 70 SE<br>Hickory NC 28602  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 50.66                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | CC                        | K                      | 03/29/2012   | \$7.03               | Copy Paper                     |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 100.42                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |



# Disbursements

Pg 2 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Office Depot<br>1858 Catawba Valley Blvd<br>Hickory NC 28602   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 18.68                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | K                      | 03/28/2012   | \$18.68          | Glue, Name Tags<br>Notebook    |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Little Pigs BBQ<br>1904 N. Main Ave<br>Newton NC 28658   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 78.65                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 03/30/2012   | \$78.65          | Donation                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Holiday Inn Express<br>104 10 <sup>th</sup> Street NW<br>Conover NC 28613<br>828-465-7070  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 35.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | C                      | 03/30/2012   | \$35.00          | Room Rent                      |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 132.33                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# Disbursements

Pg 10 of 15

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commisioner  |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Hospitality Mints<br>PO Drawer 3140<br>Boone NC 28607<br>264-3045  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 250.44                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | CC                        | O                      | 04/11/2012   | \$250.44             | Mints for Election Day at      |                                     |
|  |                           |                        |  | \$                   | Polls                          |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Sarah Ham<br>PO Box 1237<br>Hickory NC 28603   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 37.50                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | K                      | 03/25/2012   | \$37.50              | Web/Facebook                   |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Hickory Crawdads<br>Clemment Blvd<br>Hickory NC 28601<br>828-322-3000  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 50.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 04/07/12   | \$50.00              | Event Tickets                  |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 337.94                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |

# Disbursements

Pg 11 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Pat Appleson Studios, Inc<br>2359 US Hwy 70 SE<br>Hickory NC 28602<br>828-465-5500   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 225.00                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 04/09/2012   | \$225.00             | Photos                         |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Wal-Mart - Denver<br>7131 Hwy 73<br>Denver NC 28037<br>704-827-8911  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 66.88                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | CC                        | K                      | 04/9/2012  | \$66.88              | Keyboard                       |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Hickory Daily Record<br>1100 11 <sup>th</sup> Ave Blvd SE<br>Hickory NC 28602<br>828-322-4510  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 200.00                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | A                      | 04/12/2012   | \$200.00             | AD                             |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 491.88                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |

# Disbursements

Pg 12 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commisioner  |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Barbara Beatty<br>2990 Balls Creek Rd<br>Newton NC 28658<br>828-320-0370   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 412.00                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 01/19/2012   | \$412.00         | Mileage                        |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Hopewell Methodist Church<br>2211 Hopewell Church Rd<br>Sherrills Ford NC 28673  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 35.00                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 01/28/2012   | \$35.00          | Donation                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Barbara Beatty<br>2990 Balls Creek Rd<br>Newton NC 28658<br>828-320-0370   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 818.00                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 02/15/2012   | \$406.00         | Mileage                        |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 853.00                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                           |                        |  |                  |                                |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                           |                        |  |                  |                                |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                           |                        |  |                  | \$ 6,796.22                    |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| <b>A* - Media</b> <b>B* - Printing</b> <b>C* - Fundraising</b> <b>D - To Another Candidate</b><br><b>E - Salaries</b> <b>F* - Equipment</b> <b>G - Political Party</b> <b>H* - Holding Public Office Expenses</b><br><b>I - Postage</b> <b>J - Penalties</b> <b>K* - Office Expenses</b> <b>Q* - Donation to Legal Expense Fund</b><br><b>O* - Other</b> |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |



# Disbursements

Pg 13 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commisioner  |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Barbara Beatty<br>2990 Balls Creek Rd<br>Newton NC 28658<br>828-320-0370   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 1155.00                     |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 02/24/2012   | \$337.00             | Mileage                        |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| CVS<br>Hwy 321 Business<br>Newton NC 28658   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 26.06                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 03/27/2012   | \$26.06              | Disc Pictures                  |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Barbara Beatty<br>2990 Balls Creek Rd<br>Newton NC 28658<br>828-320-0370   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 1,625.50                    |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 04/2/2012  | \$470.50             | Mileage                        |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 833.56                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |

# Disbursements

Pg 14 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Barbara Beatty for Commisioner  |                           |                        |  |                      | 4DUGGK                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Catawba Co. Republican Party<br>PO Box 3175<br>Hickory NC 28603<br>828-324-1386  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 35.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | G                      | 04/17/2012   | \$35.00              | Donation                       |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Catawba Co. Republican Party<br>PO Box 3175<br>Hickory NC 28603<br>828-324-1386  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 55.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | G                      | 04/18/2012   | \$20.00              | Table Rental                   |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Lake Norman Garden Club<br>Sherrills Ford NC 28673   |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 20.00                       |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| BGB  | Check                     | O                      | 04/19/2012   | \$20.00              | Donation                       |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 75.00                       |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                      |                                |                                     |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                      | \$ 6,796.22                    |                                     |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                      |                                |                                     |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |                        |  |                      |                                |                                     |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising     |                                | D - To Another Candidate            |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party  |                                | H* - Holding Public Office Expenses |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses |                                | Q* - Donation to Legal Expense Fund |
| O* - Other   |                           |                        |  |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                      |                                |                                     |

# Disbursements

Pg 15 of 15

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                  |                                |  |
|--|---------------------------|------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barbara Beatty for Commissioner   |                           |                        |  |                  | 4DUGGK                         |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                  |                                |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |                        |  |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| WNNC Radio<br>1666 Radio Station Rd<br>Newton NC 28658<br>828-464-4041   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 400.00                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | A                      | 02/14/2012   | \$400.00         | Radio Ad                       |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
| Barbara Beatty<br>2990 Balls Creek Rd<br>Newton NC 28658<br>828-320-0370   |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$ 2,087.50                    |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| BGB  | Check                     | O                      | 03/14/2012   | \$462.00         | Mileage                        |  |
|  |                           |                        |  | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |  |
|  |                           |                        |  |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |  |                  | \$                             |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
|  |                           |                        |  | \$               |                                |  |
|  |                           |                        |  | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |  |                  | \$ 862.00                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                           |                        |  |                  |                                |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                           |                        |  |                  | \$ 6,796.22                    |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |  |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |  |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                  |                                |  |

# In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>                            |                              |
| Committee to Elect Barbara Beatty for Commissioner  |  | 4DUGGK   |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| Scott Gilleland<br>201 East 8 <sup>th</sup> St<br>Newton, NC 28658<br>828-461-2180                        |  | <input checked="" type="checkbox"/> Individual |                              |
|   |  | <input type="checkbox"/> Candidate             |                              |
|   |  | <input type="checkbox"/> Party                 |                              |
|   |  | <input type="checkbox"/> PAC                   |                              |
|   |  | <input type="checkbox"/> Referendum            |                              |
|   |  | <input type="checkbox"/> Other Receipt Source  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$ 295.00                                      |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| Food donation for reception   |  | 03/29/2012                                     | \$ 295.00                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
|   |  | <input type="checkbox"/> Individual            |                              |
|   |  | <input type="checkbox"/> Candidate             |                              |
|   |  | <input type="checkbox"/> Party                 |                              |
|   |  | <input type="checkbox"/> PAC                   |                              |
|   |  | <input type="checkbox"/> Referendum            |                              |
|   |  | <input type="checkbox"/> Other Receipt Source  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$   |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
|   |  |  | \$                           |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
|   |  | <input type="checkbox"/> Individual            |                              |
|   |  | <input type="checkbox"/> Candidate             |                              |
|   |  | <input type="checkbox"/> Party                 |                              |
|   |  | <input type="checkbox"/> PAC                   |                              |
|   |  | <input type="checkbox"/> Referendum            |                              |
|   |  | <input type="checkbox"/> Other Receipt Source  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$   |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
|   |  |  | \$                           |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 295.00                                      |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 295.00                                      |                              |